ſ	Combined Declaration For Pate. Application and Power of Attorney								83648MGB				
}	As below named inventor, I hereby declare that:												
	My residence, post office address and citizenship are as stated below next to my name,												
	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed												
	below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:												
	APPARATUS AND METHOD FOR CUTTING SHEET MATERIALS												
	The specification of which (check only one item below):												
ļ	is attached hereto.												
ļ	was filed as United States Application Serial No. on and												
	was amended on (if applicable).												
	was filed as PCT international application Number on and was amended on (if applicable).												
	I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment												
	referred to above. I acknowledge the duty to disclose to the U.S. Patent & Trademark Office all information known to me to be material to patentability as defined in Title												
	37. Code of Federal Regulations, §1.56.												
	I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-*d) or 365 (b) of any foreign application(s) for patent or inventor's												
	certificate, or (365 (a) of any PCT international application(s) which designates at least one country other than the United States of America, listed below												
	and have also identified below any foreign applications(s) for patent or inventor's certificate or any PCT international application(s) designating a least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which												
	== priority is claimed:												
	PRIOR FOREIGN/PCT APPL	ICATION(S) AN	D ANY PRIORI	ITY CL	AIMS UNDER 35 U.S.C.	119:							
Hre (1111)	COUNTRY (# PCT, indicate PCT)	PLICATION NUMBER		DATE OF FILING (mith/byywar)	PRIORITY CLAMED UNDER 35 USC § 119								
								YES		NO			
خط								YES		NO			
, N-1								YES		NO			
* ***	I hereby claim the benefit under Title 35, United States Code, 119 §(e) of any United States provisional application(s) listed below:												
	PRIOR PROVISIONAL APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. §119 (e):												
خط	PROVISIONAL APPLICATION NUMBER FILING DATE (month/day/year)												
Ō													
 - -													
	I hereby claim the benefit under Title 35, United States Code, §120 of any prior United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/thos prior applications(s) in the manner provided by the first paragraph of Title 35, §112, I acknowledge the duty to disclose to the U.S. Patent & Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56, which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:												
	PRIOR US APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S FOR BENEFIT UNDER 35USC§120:												
	U.S. APPLICATIONS						STA	ATUS (Check o	ne)				
	U.S. APPLICATION NUMBER		U.S. FILING DATE		PATENT	ED	PENDING	ABA	NDONED				
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	PCT APPLICATIONS DESIGNATING THE U.S.												
	PCT APPLICATION NO. PCT FILTI				J.S. SERIAL NUMBERS ASSIGNED (if any)			<u> </u>					
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POWER OF ATTORNEY: As a named inventor, I hereby appoint the attorney(s) and/or agent(s) associated with Eastman Kodak Company Customer No. 01333 to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Send Correspondence to: Patent Legal Staff Direct Telephone Calls to: (name and telephone number)								
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2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME				
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	BUSINESS	BUSINESS ADDRESS	CITY	STATE & ZIP CODE (COUNTRY)				
<u> </u>	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME				
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP				
6	BUSINESS ADDRESS	BUSINESS ADDRESS	CITY	STATE & ZIP CODE (COUNTRY)				
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SIGNATURE OF INVENTOR 201			SIGNATURE OF INVENTOR 202	SIGNATURE OF INVESTION 200				

SIGNATURE OF INVENTOR 206

SIGNATURE OF INVENTOR 204

DATE

SIGNATURE OF INVENTOR 205

DATE